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Registration Number, if applicable

Telephone Number

In re application of: Joe W. Duran

Total number of pages: 7

Serial No: 10/691,675

Docket No: 38715-P001C6

Filing Date: 10/22/2003

Art Unit: 2616

FAX NUMBER: 571-273-8300

Examiner: Thai Q. Tran

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**DOCUMENTS INCLUDED:**

1. TRANSMITTAL FORM (1p)
2. Revocation/Power of Attorney (1 p.);
3. Supplemental Application Data Sheet (4 pp.)

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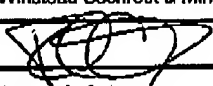
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/691,675
	Filing Date	October 22, 2003
	First Named Inventor	Joe W. Duran
	Art Unit	2618
	Examiner Name	Thai Tran
	Attorney Docket Number	36715-P001C6
Total Number of Pages in This Submission		6

<b>ENCLOSURES (Check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Post Card Receipt Supplemental Application Data Sheet (4 pp)
Remarks		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	Winstead Sechrest & Minick P.C.		
Signature			
Printed name	Ruben C. DeLeon		
Date	December 15, 2005	Reg. No.	37,812

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Signature			
Typed or printed name	Karen L. Thiesse	Date	December 15, 2005

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